



- d. Chemotherapy administration into central nervous system by spinal puncture
- e. Diagnostic lumbar spinal puncture, and
- f. Therapeutic spinal puncture for drainage of cerebrospinal fluid.

Additional applications of conscious sedation for members receiving EPSDT services will be considered on a case by case basis and require medical review and prior authorization by the Contractor Medical Director for enrolled members or by the AHCCCS Chief Medical Officer or designee for FFS members.

- 10. Behavioral Health Services** – AHCCCS covers behavioral health services for members eligible for EPSDT services as described in [Chapter 300](#), Policy 310, and the [Behavioral Health Services Guide](#).
- 11. Religious Non-Medical Health Care Institution Services** – AHCCCS covers religious non-medical health care institution services for members eligible for EPSDT services as described in [Chapter 300](#), Policy 310.
- 12. Case Management Services** – AHCCCS covers case management services as appropriate for members eligible for EPSDT services. In EPSDT, case management involves identifying the health needs of a child, ensuring necessary referrals are made, maintaining health history, and initiating further evaluation/diagnosis and treatment when necessary.
- 13. Chiropractic Services** – AHCCCS covers chiropractic services to members eligible for EPSDT services when prescribed by the member's PCP and approved by the Contractor in order to ameliorate the member's medical condition.
- 14. Personal Care Services** – AHCCCS covers personal care services, as appropriate, for members eligible for EPSDT services.



15. Incontinence Briefs – Incontinence briefs, including pull-ups, are covered in order to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities under the following circumstances:

- a. The member is over three years and under twenty-one years old
- b. The member is incontinent due to a documented disability that causes incontinence of bowel and/or bladder
- c. The PCP or attending physician has issued a prescription ordering the incontinence briefs
- d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder
- e. The member obtains incontinence briefs from providers in the Contractor's network
- f. Prior authorization has been obtained as required by the Administration, Contractor, or Contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every twelve months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit.

Prior authorization will be permitted to ascertain that:

- (1) The member is over age three and under age twenty-one;
- (2) The member has a disability that causes incontinence of bladder and/or bowel;
- (3) A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
- (4) The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

16. Medically Necessary Therapies – AHCCCS covers medically necessary therapies including physical therapy, occupational therapy and speech therapy.